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UNFPA

UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of the Islamic Republic of Iran

Proposed UNFPA assistance: $11 million, $9 million from regular resources and $2 million through co-financing modalities and/or other, including regular, resources

Programme period: 5 years (2000-2004)

Cycle of assistance: Third

Category per decision 96/15: B

Proposed assistance by core programme areas (in millions of $):

	Regular resources	Other	Total
Reproductive health	4.0	1.5	5.5
Population and development strategies	2.9	-	2.9
Advocacy	1.5	0.5	2.0
Programme coordination and assistance	0.6	-	0.6
Total	9.0	2.0	11.0

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ISLAMIC REPUBLIC OF IRAN

INDICATORS RELATED TO ICPD GOALS*

		Thresholds*
Births attended by health professional (%)[1]	70.0	≥60
Contraceptive prevalence rate (15-44) (%)[2]	65.0	≥55
Access to basic health services (%)[3]	80.0	≥60
Infant mortality rate (/1000)[4]	36	≤50
Maternal mortality ratio (/100,000)[5]	120	≤100
Gross female enrolment rate at primary level (%)[6]	88.8	≥75
Adult female literacy rate (%)[7]	52.1	≥50

*** AS CONTAINED IN DOCUMENT DP/FPA/1996/15 AND APPROVED BY THE EXECUTIVE BOARD IN DECISION 96/15.**

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[1] *WHO, Coverage of Maternal Care, 3rd ed., 1993. Data cover the period 1983-1993.*
[2] *United Nations Population Division, World Contraceptive Use 1994, ST/ESA/SER.A/143. Data cover the period 1986-1993.*
[3] *UNICEF, The State of the World's Children, 1995. Data cover the period 1985-1993.*
[4] *United Nations Population Division, World Population Prospects Database 1950-2050, 1994 Revision. Data are for 1992.*
[5] *UNICEF, The State of the World's Children 1995, which is based on data compiled by WHO. Data cover the period 1980-1992. Government data of 1996 indicate a ratio of 37 per100,000 live births.*
[6] *United Nations Statistical Division, Women's Indicators and Statistics Database, Version 3 (CD-ROM), 1994, which is based on data compiled by UNESCO.*
[7] *UNESCO, 1996, Education for All: Achieving the Goal: Statistical Document.*

Demographic Facts

Population (000) in 2000	67,702	Annual population growth rate (%)	0.99
Population in year 2015 (000)	83,054	Total fertility rate (/woman)	2.45
Sex ratio (/100 females)	103.0	Life expectancy at birth (years)	
Age distribution (%)		Males	69.7
Ages 0-14	36.2	Females	72.0
Youth 15-24	22.7	Both sexes	70.8
Ages 60 +	6.3	GNP per capita (US dollars, 1997)	1,780

Sources: Data are from the Population Division, Department of Economic and Social Affairs of the United Nations, World Population Prospects: The 1998 Revision; GNP per capita is from the World Bank.

N.B. The data in this fact sheet may vary from the data presented in the text of the document.

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1. The United Nations Population Fund (UNFPA) proposes to support a population programme over a five-year period starting in January 2000 to assist the Government of the Islamic Republic of Iran in achieving its population and development goals. UNFPA proposes to fund the programme in the amount of $11 million, of which $9 million would be programmed from UNFPA regular resources to the extent such resources are available. UNFPA would seek to provide the balance of $2 million from co-financing modalities and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources. This would be the Fund's third programme of assistance to the country. The Islamic Republic of Iran is a "Category B" country under the Fund's resource allocation criteria.

2. The proposed programme was formulated in close consultation with governmental, non-governmental, United Nations and donor organizations and takes into account the national policies, priorities and strategies expressed in the Government's Third Five-Year Development Plan for the period 2000-2004. The programme is based on the UNFPA Country Population Assessment (CPA) exercise in which national staff from various ministries and non-governmental organizations (NGOs) participated. The UNFPA Country Support Team (CST) based in Kathmandu, Nepal, provided technical guidance for the exercise. UNFPA will collaborate with its United Nations Development Group (UNDG) partners in undertaking the forthcoming Common Country Assessment (CCA) exercise. The proposed programme would be harmonized with the UNICEF and UNDP programmes.

3. The goal of the Government's development programme, as stated in the Third Five-Year Development Plan is to improve the quality of life and welfare of the population through: sustained economic growth and the eradication of poverty and illiteracy; empowerment of women and youth, including their involvement in the development process; reduction of maternal and child morbidity and mortality rates; and reduction of fertility and population growth rates, consistent with the country's economic and social development. UNFPA would assist the Government in attaining these goals in the areas of reproductive health and population and development. The goal of the proposed programme would be to contribute to improving the quality of life of the Iranian people through: improving their reproductive health status and ensuring reproductive health rights; achieving a sustainable balance between population, economic development and resources; creating an enabling environment to reduce gender disparities; and promoting conditions favourable to reproductive health/family planning (RH/FP). UNFPA assistance would be channelled through three subprogrammes focusing on reproductive health, population and development strategies, and advocacy.

4. The proposed programme was developed within a human-rights approach. All activities under the proposed programme, as in all UNFPA-assisted activities, would be undertaken in

accordance with the principles and objectives of the Programme of Action of the International Conference on Population and Development (ICPD), which was endorsed by the General Assembly in its resolution 49/128.

Background

5. The population and housing census of 1996 estimated the population of the Islamic Republic of Iran to be a little over 60 million.[1] The annual population growth rate has declined significantly during the last decade from 3.2 per cent in 1986 to about 1.4 per cent in 1996. During the same period, the total fertility rate (TFR) declined from 6.4 children per woman to 2.5. In spite of the sharp fall in fertility, population growth will continue due to the young age-structure. About 52 per cent of the total population is under the age of 20. This young cohort will soon reach marriage age and thus, even if fertility continues to decline, the number of births in the country will increase in the future. During the last decade the country has made significant progress in terms of education, reduction in maternal and infant mortality rates and an increase in life expectancy. Notwithstanding the social progress, the economic situation in the country has been uneven, inter alia, due to the effects of war, the decline in oil prices and the high rate of inflation.

6. In order to give impetus to the national family planning programme, the Ministry of Health and Medical Education (MOHME) established a Population and Family Planning Department in 1991. After the ICPD, the existing family planning programme was broadened to include reproductive health services. Also, the Government shifted its emphasis from a target-driven to a qualitative approach and embarked on improving the quality of RH/FP services and information. The Government has also made concerted efforts to promote gender equality and to raise the status of women through enhancing girls' education and promoting income-generation programmes for women.

7. However, despite improved promotion and delivery of family planning methods, RH/FP information and services are not evenly available in the country and are particularly limited in remote, disadvantaged and hard-to-reach areas. Among other factors, cultural and social barriers impede the utilization of available services. Although the Government has made significant progress in reducing maternal and neonatal mortality, both remain very high in remote and disadvantaged areas of the country.

8. Notwithstanding recent efforts to address women's issues, gender disparities persist and are particularly noticeable in women's lower employment and income levels and low participation in decision-making. Discriminatory laws and regulations that exist need to be reviewed and revised. Although the Government has not yet ratified the Convention on the

[1] *Unless otherwise indicated, the data in the text are from governmental sources and may vary from data in the fact sheet.*

Elimination of all Forms of Discrimination Against Women (CEDAW), it is firmly committed to improving the status of women and has established the Centre for Women's Participation, affiliated with the President's Office, in order to mainstream gender concerns in the development process,

Previous UNFPA assistance

9. UNFPA first provided assistance to the Government in the 1970s. UNFPA programme activities came to a halt between 1979 and 1984. From 1984 to 1989, assistance was provided on an ad-hoc basis and the total expenditure for this period amounted to $1.06 million. The first interim population programme for the country was approved in the amount of $4 million for the period 1990-1991. The programme was designed to assist the Government in developing its technical, administrative and management capabilities for the implementation of population and family planning programmes. The programme was extended to the end of 1993. The second UNFPA-supported country programme, 1994-1998, was approved for a total amount of $10 million, and was formulated in line with the objectives of the Second Five-Year Development Plan of the country. In order to synchronize the country programme with the development programming cycle of the Government, it was extended to the end of 1999 with an additional allocation of $1.8 million.

10. To date, the second country programme has attained a consistently high implementation rate. In the RH/FP sector, the programme contributed to an increase in contraceptive prevalence and a reduction in maternal mortality. Assistance was provided to broaden the scope of the contraceptive method mix. In this respect, the institutional capacity of MOHME for providing surgical contraceptive services, i.e., vasectomy, tubal ligation and hormonal-implant insertion, was enhanced. UNFPA support was instrumental in training gynaecologists and physicians in the no-scalpel vasectomy technique, minilaparotomy and hormonal-implant insertion. The Fund's support contributed to improvements in family planning counselling. Support was also provided to revise the RH/FP training module curricula for health personnel to include information on sexually transmitted diseases (STDs), including HIV/AIDS, breast self-examination and the prevention of cervical cancer.

11. With UNFPA support, the first-ever draft population policy paper was developed by the Plan and Budget Organization. The paper was used as an input for preparing the Third Five-Year Development Plan. UNFPA assistance has been catalytic in strengthening national capacity in demographic data collection and analysis and teaching and research in demography. UNFPA assisted the Statistical Centre of Iran in designing and conducting the 1996 population and housing census.

12. In the area of population education, UNFPA support was crucial in carrying forward the institutionalization of population education messages in the formal school curricula. There is, however, an urgent need to include RH/FP and gender issues in the curricula. The Fund's assistance was utilized for mainstreaming gender concerns in the development process, including the provision of nationwide gender sensitization training undertaken to increase the involvement of women in policymaking, both at the national and provincial levels.

13. MOHME is keen to promote NGO involvement in the implementation of RH/FP programmes in the country and the Fund's support has been helpful in promoting the involvement of NGOs, including women's NGOs active in the area of population and RH/FP. There are over 80 women's NGOs active in various aspects of development in the country. The reactivation of the Family Planning Association of the Islamic Republic of Iran is a noteworthy example of the enhanced partnership with NGOs.

14. One of the key lessons learned from the second country programme was the need for a set of qualitative and quantitative indicators to undertake monitoring and evaluation of the implementation of the programme. Due to the lack of such indicators, programme impact could not be evaluated properly. A second major lesson learned is that it is critical to have a coordination mechanism in order to avoid duplication of efforts and to ensure effective and harmonious implementation of the population and RH/FP programme in the country. Another important lesson learned is that it is necessary to address the priority needs of people in the remote, hard-to reach areas of the country in an integrated manner.

Other external assistance

15. In the area of population and RH/FP, UNFPA is the main United Nations organization providing assistance to the Government. Other United Nations system organizations, such as UNICEF, WHO, UNDP, as well as the World Bank are extending financial support within the areas of their respective mandates for the implementation of population and RH/FP programmes. The World Bank has provided a loan to the Government for the implementation of a project to strengthen the primary health care (PHC) network in the country. The project includes components such as expanding the PHC infrastructure, strengthening RH/FP programme management, introducing new contraceptives, promoting training and undertaking advocacy in the area of RH/FP. The World Bank has also provided support for conducting a living standard measurement survey and for strengthening the Bureau of Women's Affairs (BWA), presently called the Centre for Women's Participation.

Proposed programme

16. The overall goal of the proposed programme is noted in paragraph 3. The proposed programme would support activities in three subprogrammes: reproductive health; population

and development strategies; and advocacy. Gender would be a cross-cutting issue and would be reflected in all three subprogrammes. The proposed programme would be designed in a way to further strengthen national ownership through having the relevant government authorities fully involved in the process of programme design, implementation, monitoring and evaluation.

17. The programme would focus on five hard-to-reach priority areas, namely, the provinces of Bushehr, Sistan-Baluchistan, Kurdistan and Golestan, and the semi-urban area of Islamshahr. In consultation with the Government, these areas were selected because of high maternal mortality and fertility and low contraceptive prevalence and female literacy compared to the national average. Hormozgan, with similar reproductive health conditions, would be selected as the control province for the purpose of evaluation of UNFPA-supported interventions. The proposed programme would pursue a multi-sectoral approach. A mechanism would be established to ensure coordination and collaboration among MOHME, the Ministry of Education, the Literacy Movement Organization, the Centre for Women's Participation and NGOs at the provincial level. The bulk of resources would be allocated to improving the RH/FP status of the people, empowering women, raising awareness on population issues and coordinating data collection activities in the five selected areas. Certain activities would be supported at the national level, inter alia, strengthening national capacity to formulate strategies and implement programmes in the area of population and RH/FP; mainstreaming gender concerns in the development process; and promoting partnerships with civil society.

18. Reproductive health subprogramme. The purposes of the RH/FP subprogramme would be to: (a) improve the coverage and quality of integrated and comprehensive RH/FP information and services; (b) enhance national capacity to coordinate and manage integrated health and population programmes at national, provincial and local levels; (c) enhance awareness of RH/FP issues, including reproductive health rights, and increase utilization of a broad range of services; and (d) increase male participation in RH/FP.

19. In order to increase the availability of quality RH/FP services, activities would be undertaken in five selected priority areas (noted above), as well as at the national level. At the national level, this would involve the development of protocols on the provision of high-quality services for safe motherhood, family planning, management of STDs, screening for breast cancer and the development of a quality-assurance mechanism. The development of appropriate curricula, training materials and the training of trainers would also be supported at the national level. In-service training, supportive supervision and operations research would be implemented and managed at the provincial level. Socio-cultural research and an assessment of the needs of adolescents and men would be carried out at the provincial level. This component would also include counselling training and peer education approaches, which have proved successful in other countries. Information, education and communication (IEC) activities would be integrated as part of the provincially managed component projects. To strengthen the management and

coordinating role of MOHME in RH/FP programmes, the following activities are planned: development of a RH/FP strategy; review and strengthening of the health management information system (HMIS); and promotion of partnerships between MOHME and civil society, particularly NGOs.

20. The following outputs would be expected: (a) increased availability of quality RH/FP information and services in the five selected areas; (b) strengthened capacity of MOHME to formulate a RH/FP strategy and to coordinate RH/FP programme implementation in partnership with other concerned sectoral ministries and civil society; and (c) strengthened national capacity to incorporate culturally acceptable aspects of reproductive health and gender issues, as per the recommendations of ICPD Programme of Action, in the existing population education programmes of both the formal and non-formal education systems in selected areas.

21. The amount of $5.5 million would be allocated to the reproductive health subprogramme, of which $4.0 million would be from regular resources and $1.5 million would be sought through co-financing modalities and/or other resources.

22. Population and development strategies. The purposes of the population and development strategies subprogramme would be to contribute to: (a) improving national capacity to formulate and implement population and development policies that incorporate gender concerns; and (b) developing a national integrated information system. Activities supported under this subprogramme would be undertaken at the national level.

23. Data collection activities in the country are decentralized and a number of government bodies such as the Statistical Centre of Iran, the Civil Registration Organization and MOHME are collecting population data. Although the country has a long history of data collection, the statistical system has a number of deficiencies, such as: weak coordination in data collection resulting in data duplication, inconsistency and unreliable estimates; shortage of trained personnel to analyse and interpret census and survey data; and the lack of gender disaggregated data at all levels and inadequate data to determine the reproductive health situation of the population at the subnational level. The subprogramme would seek to address these issues.

24. The expected outputs would be: (a) strengthened national capacity in the collection, analysis, interpretation and dissemination of gender-disaggregated data on population and development, including RH/FP; (b) coordinated data collection activities of various government bodies; (c) enhanced institutional and technical capacity of national universities in population and development teaching, training and research; (d) dissemination and utilization of research results in programme formulation and implementation; and (e) increased national capacity to incorporate population and gender concerns in national and sectoral level development policies and programmes.

25. The amount of $2.9 million from regular resources would be allocated to the population and development strategies subprogramme.

26. Advocacy. Under the advocacy subprogramme, efforts would be made to create an enabling environment to reduce gender disparities and to promote favourable conditions for RH/FP in the five selected areas and at the national level. The support of religious leaders, parliamentarians, policy makers, planners, civil society and the media would be enlisted. In the spirit of South-South cooperation, and taking into account the considerable success gained by the Islamic Republic of Iran in the implementation of population and RH/FP programmes, the sharing of experience with other developing countries, particularly those in the Muslim world, would be undertaken.

27. The purposes of this subprogramme would be to contribute to mobilizing the support of national, religious and community leaders for women's rights, including reproductive health rights; and raising awareness of gender concerns and including them in development planning. Activities under this subprogramme would be implemented both at national and provincial levels.

28. The expected outputs would be: (a) the support of national policy makers, parliamentarians, opinion leaders, including religious leaders and the media, for comprehensive and quality RH/FP information, education and services; (b) support for the revision and/or elimination of laws and regulations that discriminate against women; (c) strengthened capacity of sectoral ministries and NGOs to promote the reproductive health rights of women and male involvement in reproductive health; (d) support for improving the socio-economic conditions of women, including through promoting education for girls; and (e) increased South-South cooperation for sharing gender, population and RH/FP experiences.

29. The amount of $2 million would be allocated to the advocacy subprogramme, of which $1.5 million would be from regular resources and $0.5 million would be sought through co-financing modalities and/or other resources.

30. The proposed programme would strive to enhance the linkages and complementarity among the reproductive health, population and development and advocacy activities, so that they reinforce each other in a synergistic way. For example, data and research findings would be used as an advocacy tool to reduce legal and cultural barriers to RH/FP interventions and to help integrate gender concerns in development programmes. The proposed programme assumes continued political and financial support from the Government for population and RH/FP policies and programmes and for strengthening women's participation in the development process. If funding through co-financing modalities becomes available, programme activities would be expanded in the five selected priority areas.

Programme implementation, coordination, monitoring and evaluation

31. The proposed programme would be executed by government counterparts and Iranian NGOs. UNFPA would limit its execution primarily to the procurement of equipment. The Ministry of Foreign Affairs would be responsible for overall programme coordination. MOHME would be the Fund's major counterpart for the implementation of RH/FP activities. The Family Planning Association of the Islamic Republic of Iran would be an executing/implementing partner. Projects under the population and development strategies subprogramme would be implemented and executed by the Plan and Budget Organization, the Statistical Centre of Iran, the Civil Registration Organization and the Institute for Research in Planning and Development. The Ministry of Education and the Literacy Movement Organization would implement and execute the population education activities. The activities pertaining to women's empowerment would be implemented and executed by the Centre for Women's Participation, MOHME and Iranian NGOs. Technical backstopping would be provided by the UNFPA Country Support Team. Coordination of component project activities would be strengthened through periodic meetings of the project directors. Efforts would be undertaken to ensure coordination and collaboration between UNFPA and other members of UNDG.

32. Programme monitoring and evaluation would be undertaken in accordance with UNFPA guidelines and procedures. Indicators would be selected and baseline levels assessed to facilitate programme monitoring and evaluation of component project activities. Indicators utilized by MOHME and ICPD indicators would be taken into account. A mid-term programme review would take place in 2002 and the end-of-programme evaluation would be conducted in 2004.

33. The UNFPA country office is composed of a Representative, three National Programme Officers and General Service staff. National professional project personnel (NPPP) would be utilized to support the substantive management of subprogrammes.

34. Under the proposed programme, the amount of $0.6 million from regular resources would be allocated for programme coordination and assistance.

Recommendation

35. The Executive Director recommends that the Executive Board approve the programme of assistance to the Government of the Islamic Republic of Iran, as presented above, in the amount of $11 million for the period of 2000-2004, $9 million of which would be programmed from the Fund's regular resources, to the extent such resources are available, and the balance of $2.0 million would be sought through co-financing modalities and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources.

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